

**MARYLAND STATE BOARD OF VICTIM SERVICES**  
**ANNUAL STATEWIDE VICTIMS MEMORIAL SERVICES**

**CRIME VICTIM REGISTRATION FORM**

**Please check one:**

- ☐ **New Registration**
- ☐ **Change of Address**
- ☐ **Information Correction**
- ☐ **Reading Region Change**

**Today's Date** \_\_\_\_\_

**Completing this form will:**

- **Ensure that your loved one's name will be read at one of the services.**
- **Ensure that you will receive a Memorial Service invitation.**

**PLEASE TYPE OR PRINT CLEARLY**

**Name of Victim:** \_\_\_\_\_

**Date of Death (or Disappearance):** \_\_\_\_\_

**Death Caused By:** \_\_\_\_\_

**County Where Incident Occurred:** \_\_\_\_\_

**Please check ONE of the regions listed below where you will be attending and would like your loved one's name read.**

- |  |   |  |  |
|--|---|--|--|
| ( ) <u>Northern Region</u><br>Anne Arundel<br>Baltimore City<br>Baltimore County<br>Cecil<br>Harford<br>Howard | ( ) <u>Southern Region</u><br>Calvert<br>Charles<br>Prince George's<br>St. Mary's | ( ) <u>Eastern Region</u><br>Caroline<br>Dorchester<br>Kent<br>Queen Anne's<br>Somerset<br>Talbot<br>Wicomico<br>Worcester | ( ) <u>Western Region</u><br>Allegany<br>Carroll<br>Frederick<br>Garrett<br>Montgomery<br>Washington |
|--|---|--|--|

**Your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**USE THIS FORM FOR:** 1) New Registration, 2) Change in Address, Contact Information, or Change in Reading Location. 3) Grammatical or spelling error in a victim's name.  
All other submissions – contact the Victim Services Unit.

**Please return this completed form to:**

Rebecca Allyn  
Victim Services Unit  
Governor's Office of Crime Control and Prevention  
100 Community Place, Crownsville, MD 21032  
Rebecca.allyn@maryland.gov

## **MARYLAND STATE BOARD OF VICTIM SERVICES**

### **ANNUAL STATEWIDE VICTIMS MEMORIAL SERVICES**



The Maryland State Board of Victim Services hosts a statewide victims' memorial service each spring at the beginning of National Crime Victims' Rights Week. The memorial service honors the memory of those Marylanders who lost lives to violent crime and acknowledges the families who have had their lives dramatically changed as a result of someone else's violent actions.

The memorial service strives to unite victims, family members, survivors, victim service professionals, law enforcement, advocacy organizations, and others from around the states who are concerned about rights and services for victims of crime. This event often brings together those individuals who know what other victims of sudden, unpredictable tragedies have learned so painfully: that life's comforts and security can be shattered in an instant, that lives so ordered can be transformed forever.

Each year the program includes the reading of the names of those individuals who have died as a result of homicide or automobile manslaughter throughout Maryland. Some people find it comforting to know that the name of their loved one will be read at the service. If you would like to have your loss acknowledged in this way, please complete the attached form and return it to:

**Attn: Victim Services Unit**  
**Governor's Office of Crime Control and Prevention**  
**Maryland State Board of Victim Services**  
**100 Community Place, Crownsville, MD 21032**

For those who return the form, a formal invitation to the memorial service will be mailed closer to the event date, along with times and directions for each memorial site.